



AUTOMOBILE ACCIDENT REPORT

IF YOU ARE INVOLVED IN AN ACCIDENT:

1. **Stop at once, check for personal injuries and send for an ambulance, if necessary.**
2. **Do not admit fault.** Make no statement regarding fault or payment of any bills.
3. **Do not argue or discuss the incident.** Speak only with the Police, Archdiocesan Risk Management personnel or your employer.
4. **Secure assistance** of a Police Officer when possible and record the officer's name and badge number.
5. **Record the names and addresses** of all witnesses and occupants of involved vehicles.
6. **Complete this report within 24 hours.** Mail, email or fax a copy to the Risk Management Office.
7. **Call and report the incident within 24 hours** to the Risk Manager at (503) 233-8351.

LOCATION INFORMATION School Church Date _____
 Name _____ Phone _____
 Address _____ City _____ Zip _____

CONTACT PERSON
 Name: _____ Phone: _____ Email: _____

DRIVER INFORMATION Employee Volunteer
 Name _____
 Address _____ City _____ Zip _____
 Vehicle Year/Make/Model _____ VIN _____
 Driver's License No. _____ State of Issue _____
 Email _____ Phone _____

WITNESSES

Name _____	Name _____
Phone (H) _____ (W) _____	Phone (H) _____ (W) _____
Address _____	Address _____
Name _____	Name _____
Phone (H) _____ (W) _____	Phone (H) _____ (W) _____
Address _____	Address _____

POLICE OFFICER
 Name _____ Badge # _____ Police Report Filed? Yes No
 Headquarters _____ Citation issued? Yes No

ACCIDENT INFORMATION

Date _____ Time _____ AM Daylight PM Dark Location _____
 (Name of street or highway number)

(Closest Intersection or Landmark) _____ (City/Town/Country) _____ (State) _____

WEATHER

Clear Raining Fog Snowing
 Sleetng Dust/Smoke High Wind Other _____

AREA

Residential Commercial Rural Other _____

DIRECTION

Yours N S E W Other
 Other N S E W Other

SPEED

Yours _____ Other _____

SURFACE/PAVEMENT

- Asphalt Concrete Gravel/Dirt Brick/Stone
- Steel Wood Other _____

SEAT BELTS

- Used Not Used

CONDITION

- Dry Wet Slippery Pot Holes
- Other _____

TRAFFIC CONTROLS

- Stop Sign: 1 Way 2 Way 3 Way 4 Way
- Yield Semaphore Other _____
- Police Flag RR Uncontrolled Intersection
- Not an Intersection










ACCIDENT DESCRIPTION

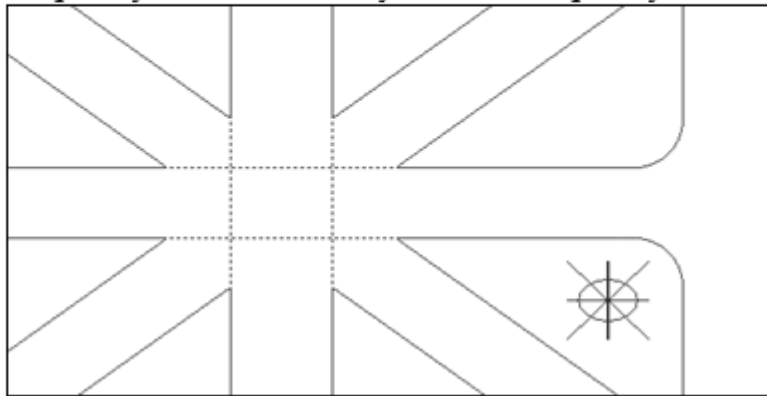
Briefly explain details of the accident. Indicate movement of involved vehicles when hazard was first noticed, warning or responsive action taken, and length and position of any skid marks.

ACCIDENT SKETCH

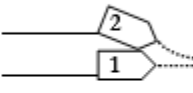
Draw an accident sketch. Show and label roadway, indicate number of lanes, direction of travel and signs. Number each vehicle and show direction of travel from the point when the hazard was noticed to the point of impact by a solid line and any travel after impact by a dotted line.

Symbols:

- Your vehicle _____ 
- Other vehicle _____ 
- _____ 
- _____ 
- Pedestrian _____ 
- Stop sign _____ 
- Semaphore _____ 
- Yield _____ 
- Railroad _____ 




Point of impact



Indicate direction

N



At what distance did you notice danger?

_____ Feet

INJURIES: Describe nature of any apparent injuries

Driver _____	Other driver _____
Injury? _____	Address _____
Passenger _____	Phone (H) _____ (W) _____
Address _____	Injury? _____
Phone (H) _____ (W) _____	
Injury? _____	

PROPERTY DAMAGE: Describe nature of damage

Your vehicle _____	Other vehicle _____
_____	_____
Other property _____	Owner _____
_____	Driver _____
Owner _____	Vehicle make/model _____
_____	License # _____ State _____
_____	Insurance Co. _____
_____	Policy # _____ Phone _____

Submit to:

Archdiocesan Insurance Program
 Risk Management Office
 2838 E. Burnside Street, Portland, Oregon 97214
 503-234-5334 Fax: 503-234-2903
riskmanagement@archdpdx.org